Hepatitis C in the lowa Department of Corrections

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"lowa prisons brace for possible uptick in HIV, hepatitis C cases as opioid epidemic swells"

Des Moines Register Sept 17,2017

"The epidemic of HCV in the young adult population is linked to the growing opioid crisis."

Michigan HHS Aug 2017

"Colorado prisoners with deadliest infectious disease in U.S. denied treatment, lawsuit alleges"

Denver Post July 2017

"Lawsuit Says Only Five Out Of Thousands Treated For Hepatitis C In Missouri Prisons"

KUCR July 2017

"Tennessee inmate lawsuit over hepatitis C granted class action status"

USA Today May 2017







- IMCC (Oakdale)
- ISP (Fort Madison)
- ASP (Anamosa)
- MPCF (Mount Pleasant)
- NCF (Newton)

- ICIW (Mitchellville)
- FDCF (Fort Dodge)
- NCCF (Rockwell City)
- CCF (Clarinda)



Prison Population

8,367

- Men 7,628
- Women 739

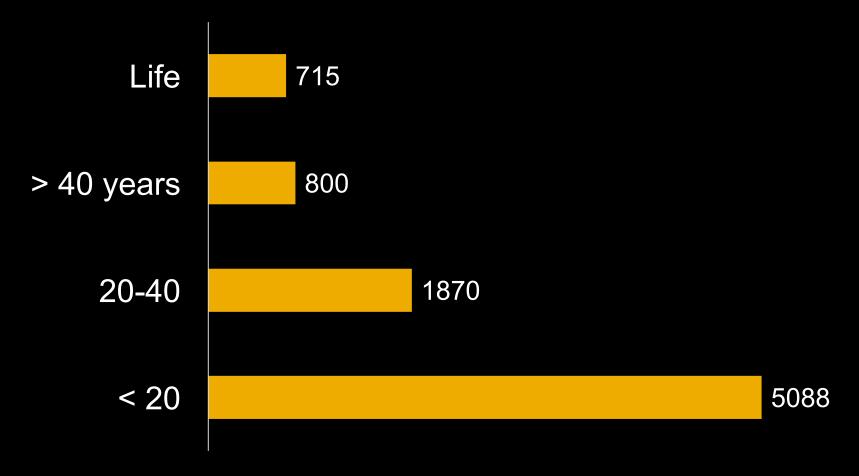
Community Based Corrections

29,936

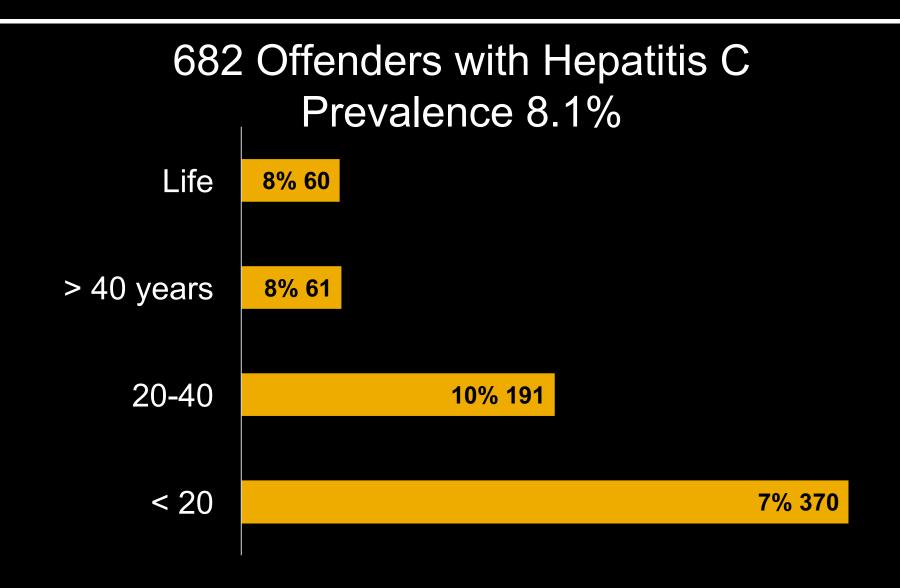
- Men 22,313
- Women 7,593







HCV Prevalence in DOC





| Prison | Popu | lation |
|--------|------|--------|
| | | |

Offenders with HCV

Admissions and Releases (FY16)

New Diagnosis HCV per year

Offenders in Community Based Corrections (FY17)

Offenders with HCV (est.)

8,367

682

5550

250

29936

2400

Cost of Health Care in DOC

DOC Institutional Budget (FY18) \$280 million

Health Services

\$30 million

Total Pharmacy (FY17)

\$7 million

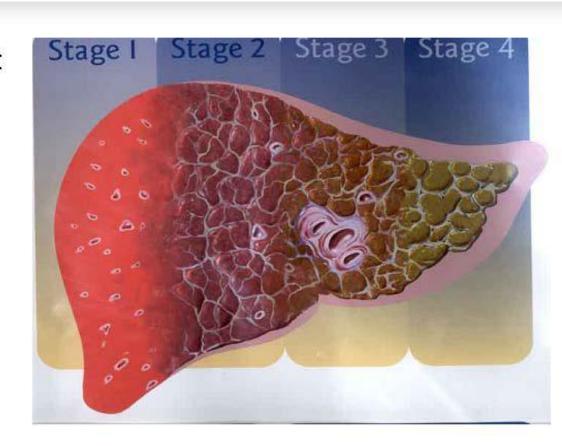
HCV DAA Treatment (FY17)
 \$1 million
 (16 patients)

Chronic Hepatitis C (CHC)

- The major consequence of CHC infection is liver fibrosis - a dynamic scarring process - which over time can progress to liver cirrhosis.
- 4 stages of fibrosis
- Rate of progression through these stages of fibrosis varies somewhat but the most consistent factor is duration of infection.

CHC and liver fibrosis over time

- Stage 1: Some inflammation but minimal effect on function
- Stage 2: Some limited accumulation of scar tissue (fibrosis) but with liver function
- Stage 3: Extensive fibrosis
 (cirrhosis) and scarring but with
 relatively normal functioning
- Stage 4: Substantial cirrhosis damaging liver and impairing vital functions



- Treatment can slow, halt or reverse liver damage in stages 1 to 3
- Extent and rate of progression of liver damage within individuals is variable although several factors influence fibrosis progression.

Cirrhosis

- 20% of all patients infected with HCV left untreated will develop cirrhosis.
- Median time from infection to cirrhosis is 30 years with a high inter-individual variability
- Complications of cirrhosis: GI bleed, encephalopathy, liver failure, and death
- Risk of developing liver cancer (1% per year)

DOC Hepatitis C Policy

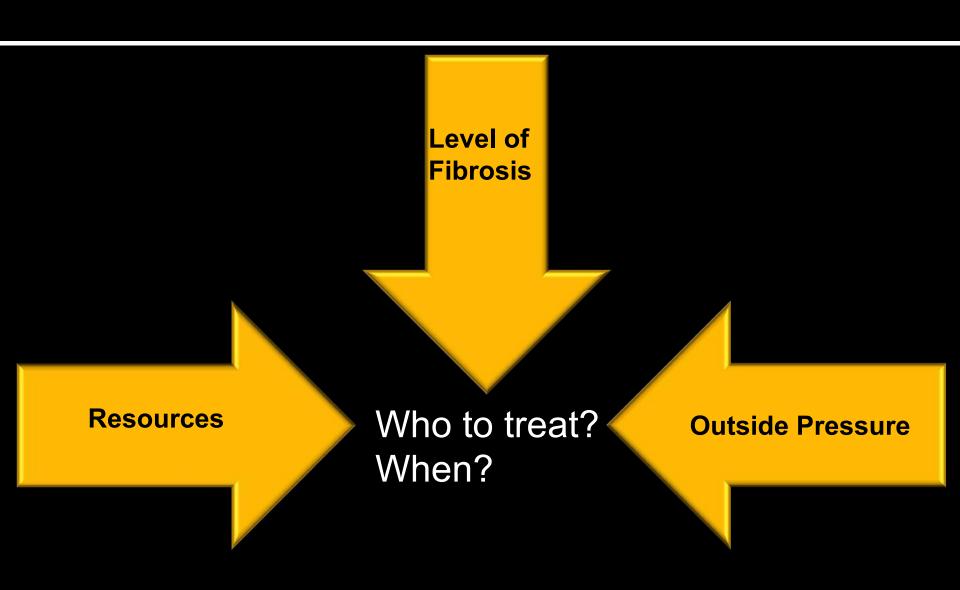
August 2017: completed a major revision in the policy guiding the management of HCV

- Establishes statewide HCV Clinical Case Registry
- Sets criteria for selecting patients for treatment based on level of fibrosis
- Offers HCV screening to offenders admitted before 2004

HCV Management

- Goal: prevent the progression of fibrosis and development of cirrhosis
- Identify the patient's stage of fibrosis
 - Blood tests (APRI, FIB4, etc)
 - Liver Elastography (Fibroscan)
 - Liver Biopsy

Selecting Patients for Treatment



Cost of Treating Hepatitis C

| Drug Name | Length of Treatment | Wholesale Price | Contract Price | Genotype |
|-----------|---------------------|--------------------|-------------------|-------------|
| Harvoni | 8 weeks | \$63,000 | \$22,680 | 1a, 1b |
| Epclusa | 12 weeks | \$74,760 | \$26,160 | 1,2,3,4,5,6 |
| Mavyret | 8 weeks | \$26,400 | \$26,400 | 1,2,3,4,5,6 |

Cost of Treating Hepatitis C

FY 17

Treated 16 patients

\$1.1 million

FY 18

Goal is to treat 40 patients

\$1.4 million

Long Term Goal: HCV Eradication



"You don't make progress by standing on the sidelines, whimpering and complaining. You make progress by implementing ideas."

Shirley Chisholm